

Summer 2009

This Issue:

- ★ Devastation in the Midwest
- ★ National Notes
- ★ Save the Date: 2010 Public Health Preparedness Summit
- ★ Special Olympics and the MRC
- ★ Spring 2009 Deployment Exercise
- ★ Unit Focus – Arizona MRC Units
- ★ News from NACCHO
- ★ New Resources
- ★ MRC Spotlights
- ★ The OCVMRC and MRC-TRAIN
- ★ MRC Units Partner with UMass Amherst for Emergency Drill
- ★ Unit Focus – Boyle County (KY) MRC Unit
- ★ Unit Focus – AmeriCorps VISTA Boosts Recruitment of MRC Units
- ★ Utah MRC Units Help Staff Shelter
- ★ MRC Units Participate in Operation Lone Star
- ★ A Look Ahead
- ★ National Breast Cancer Awareness Month

Devastation in the Midwest: MRC Flood Response

In the spring of 2009, as snowstorms swept across the Midwest, the Red River began to flood, and soon devastation spread throughout the region, leaving the area in disarray for emergency responders and volunteers to manage. The flood response was the first real-life deployment experience for many MRC volunteers, and it proved to be a true challenge.

Volunteers who responded to the flood included the Central (MN) MRC, Western Central (MN) MRC, University of Minnesota MRC, Veterinarian (MN) MRC, and other hospital response team members.

The challenges MRC volunteers faced during deployment included a lack of available volunteers and excessive time spent scheduling volunteers for deployment. Despite the challenges and harsh weather, the floods provided many opportunities for organizations to join forces. The Veterinarian MRC unit was deployed with the Emergency Management Assistance Compact, and others worked with the (MN) state coordinator from the Emergency Operations Center. MRC volunteers also staffed an alternative care site, which provided medical needs to people who were evacuated from a long-term care facility.

The Western Central MRC unit assisted with the evacuation of

vulnerable populations in Moorhead, Minnesota. Even with 17 MRC volunteers working with organizations such as the American Red Cross and the Salvation Army, the evacuation of 185 people from assisted living facilities and private residences took many hours.

The volunteers prepared for deployment by participating in previous training activities, such as full-scale exercises and first aid stations for community events. However, the volunteers were not prepared for the snowstorm that delayed the response time among the 17 volunteers, who lived in eight different counties throughout the state. The volunteers arrived a morning later than expected,

“...first real-life deployment experience for many MRC volunteers...”

prepared to face the cold and wet conditions in heavy-duty winter gear. After the evacuation was finally over, the MRC unit and other volunteer organizations, received food and shelter from the Minnesota State University (Moorhead). Prior to the flood, the Clay County Administrator met with the university to discuss housing the volunteers.

Cheryl Sapp, Western Central MRC unit coordinator says, “Our volunteers came ready to work with high enthusiasm. They were a sight for sore and tired eyes. They were fantastic at completing their mission with a smile and calming demeanor. The volunteers escorted 185 assisted living residents from Eventide via buses to 18 facilities in Minnesota.” ★

Evacuee, Janis Eidsness, assisted by volunteers including nurses Alyssa Petefish and Patty Marriott.



MRC volunteers deploying to the Red River Floods. Front L-R: Diane Thorson, Marilee Wohlenhaus, Marlys Severson, Sue Kvasager; Back L-R: Cheryl Sapp, Eileen McKay, Alyssa Petefish, Patty Marriott, Sharon Slack.



National Notes



Dear MRC Leaders,

All of you are aware that illness associated with the novel influenza A (H1N1) virus is ongoing in the United States. As of the end of July, more than 5,500 hospitalizations and more than 350 deaths due to H1N1 were reported to the Centers for Disease Control and Prevention (CDC) by state and local public health departments. However, CDC

estimates that there have been more than 1 million cases of novel H1N1 flu in the United States since earlier this year. The World Health Organization (WHO) has raised the worldwide pandemic level to reflect the spread of the virus.

Reports show that southern hemisphere countries currently in their regular influenza season have seen an increase in the spread of H1N1 virus along with normal seasonal influenza viruses. Researchers see this as an indication of what the United States may encounter in our upcoming flu season. Therefore, it is vital that we all maintain our awareness of the H1N1 virus and our preparedness for a potential outbreak this fall. To keep up-to-date, please visit HHS' flu Web site (<http://www.flu.gov>) and the CDC's H1N1 Web site (<http://www.cdc.gov/h1n1flu>).

All MRC units have the opportunity to impact the health and resiliency of their communities by supporting H1N1-related activities. Be cognizant of the fact that you may have to deal with H1N1 while simultaneously responding to another situation such as a hurricane, wild fire, or flood. I strongly encourage you to review the *Pandemic Influenza Planning Guidance for Medical Reserve Corps Units* document on our Web site (http://www.medicalreservecorps.gov/File/MRC_Pandemic_Influenza_Planning_Guidance.pdf). Plan and act now to identify important activities your MRC can do to prepare and respond.

Here are some examples of how you can get involved right now:

- Provide updates about H1N1 to MRC volunteers, partners, and local community members
- Reach out to public health and other officials to find ways to work together to address a potential H1N1 outbreak in your community
- Provide flu prevention education at community and school events by demonstrating proper hand washing techniques and cough etiquette

- Review and test your MRC unit activation procedures
- Continue to develop and implement your MRC strategic plan, recruit and train volunteers, and build the resiliency of your community

If your community is affected by a resurgent H1N1 virus this fall, your MRC unit may be called on to respond in a number of ways, such as:

- Staffing health department and other community phone banks to provide updates to concerned members of the public
- Supporting community education and awareness campaigns to broadly distribute information
- Participating in vaccination clinics or the distribution of antiviral medications
- Providing triage or healthcare services at clinics, hospitals, or alternate care facilities

The ability to track and share information on these activities allows us to show national leaders, program partners, and other key stakeholders the positive impact MRC units have on public health at the local, state, and national levels. So please make sure your MRC unit profiles are up-to-date and accurate and that your activities related to H1N1 are noted. I always enjoy hearing about and reporting on your activities.

Thank you for your service in making ours a safer, healthier, and more resilient nation. ★

Warmest regards,

//CAPT Rob Tosatto//

CAPT Rob Tosatto
Director
Office of the Civilian Volunteer Medical Reserve Corps

SAVE the DATE!

2010 Public Health Preparedness Summit

Partners in Preparedness: Engaging a Community for a Successful Public Health Response

This summit will strengthen and enhance the capabilities of public health professionals and other participants to plan and prepare for, respond to, and recover from disasters and other public health emergencies. For more information, visit:

<http://www.phprep.org/2010/>

Special Olympics and the MRC

Intellectually disabled (ID) individuals are disproportionately affected by the lack of access to healthcare services. Through health screenings at Special Olympics events, the significant health disparities of ID individuals are now recognized. Among Special Olympics athletes who received health screenings in the United States between 2005 and 2008, 25 percent had untreated tooth decay, 28 percent failed an audiology test at the 4,000 Hz level, and 21 percent had bone density T scores.

Since 1997, the Special Olympics Healthy Athletes program has worked to correct health disparities by providing free health screenings, follow-up care referrals, and health education to Special Olympics athletes. The program has provided more than 700,000 screenings worldwide. The screenings are provided in a friendly environment; therefore, athletes and their families are empowered to take control of their healthcare.

The positive impact that Healthy Athletes has made on people with ID would not have been possible

without the support of volunteers. In 2008, more than 15,000 people volunteered their time to help perform health screenings. The health expertise of volunteers spans many disciplines from podiatry to dentistry to physical therapy. However, one commonality among all volunteers is the sense of accomplishment that stems from working with Special Olympics athletes. Many volunteers return year after year because they get more out of the experience than they give.

Volunteer opportunities are available in Special Olympics programs nationwide. Medical Reserve Corps (MRC) units interested in supporting a program in their community are encouraged to contact their state or the Special Olympics headquarters located in Washington, DC. Support from programs such as the MRC will help make a difference for people with ID.

For more information about Healthy Athletes or Special Olympics, visit <http://www.specialolympics.org>, or contact Rebecca Ashery, PhD, VP Health Programs at Special Olympics, at rashery@specialolympics.org. ★

Spring 2009 Deployment Exercise in the Nation's Capital Region

During the spring of 2009, 25 MRC volunteers were selected from approximately 300 applicants to visit the Washington, DC region and meet with experts from the Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC) and participate in a mass casualty exercise.

To kick off the week, volunteers received an overview of the Federal Medical Station from Lieutenant Thomas Janisko of the Office of the Assistant Secretary for Preparedness and Response. The participants were then escorted to the Secretary's Operations Center for a behind-the-scenes view of the center, which is open 24/7, 365 days a year.

After a few days of intensive training, the MRC volunteers applied their knowledge and skills of emergency preparedness to a mass casualty exercise held in Leland Park, Maryland. Prior to the exercise, MRC volunteers received a briefing from Mollie Manhany and Dr. Mark Keim of the CDC, who provided an overview of the exercise logistics, the ICS structure, mass triage and mass casualty management, and many other important concepts.

The volunteers were divided into two teams and competed against one another for the total time it took for the team to conduct the primary triage of victims, treatment of victims, and the transportation of victims to safety. The Montgomery County MRC recruited

other MRC volunteers to play the role of "victims" at the deployment exercise. Although there were victims, there was no moulage, lifting of people, or loud sirens. The purpose of the exercise was for the volunteers to focus on the actual ICS structure and the "big picture;" therefore, distractions were kept to a minimum.

During the after-action report of the deployment exercise, the event was reviewed, and volunteers shared the successes, challenges, and lessons learned from the exercise with each other.

Montgomery County MRC unit coordinator, Sandy Hill says, "It was a wonderful experience to observe and be part of such a well-run, professional, and exciting exercise. There is no substitute for the hands-on practice of skills we have learned in the classroom. We all came away with a renewed commitment to our own units and their readiness." ★



MRC volunteers and others who participated in the deployment exercise.

Unit Focus – Three Arizona MRC Units Partner for a Full-Scale Exercise

The MRC units of LaPaz, Mohave, and Yavapai counties (AZ) participated in a full-scale pandemic flu dispensing exercise, which included participation from local health departments, law enforcement, emergency management, volunteers, and staff from the Fort Mojave Indian Tribe. The tri-county Point of Dispensing (POD) exercise was a multi-venue, medical dispensing full-scale exercise providing mass prophylaxis.

To kick off the exercise, Mohave County requested mutual aid from LaPaz and Yavapai. Two POD manager training sessions were conducted, in addition to “just-in-time” training. In response to a simulated pandemic, a large POD was set up the next day at the Fort Mojave Indian Tribe Mojave Crossing Event Center. The patients at the POD were sent to triage, registration, screening, and were provided mock prophylaxis. Lunch was followed by a post-exercise hot wash debrief.

The exercise was a great success, and it improved the working relationships and response capabilities among the various agencies. The MRC units trained about 170 volunteers, staff, and community leaders about the potential need for anti-virals or vaccinations to be offered to the public.

Commenting on the performance of the staff and volunteers, Brian Supalla, unit coordinator of Yavapai County MRC says, “While there are always valuable lessons learned, all the teams did an excellent job completing tasks.” ★



Arizona's mobile communications center at the full-scale exercise.



Volunteers who participated at the POD exercise.

News From NACCHO

Do you have a story that you would like to share with other MRC units and leaders? Did you learn a valuable lesson from a past experience? Is there a partnership that has been invaluable to your MRC unit that you would like to highlight?



NACCHO's MRC-Public Health Work Group has created a lessons learned and experience-sharing Web page and form. It is a way for MRC units to share their practices, examples, and success stories with one another. To submit a story or example of how your unit has overcome a challenge or a practice that has worked well for your unit, visit: <http://www.naccho.org/topics/emergency/MRC/resources/mrcshare.cfm>.

If you have any questions, please contact Janusz Wasiolek at jwasiolek@naccho.org. ★



New Resources

The Office of the Civilian Volunteer Medical Reserve Corps partnered with the National Association of County and City Health Officials, Harvard School of Public Health, and Georgetown University to develop a set of tools that MRC units can use to assess the effectiveness and impact of engaging volunteers in public health activities, specifically flu clinics.

For more information, visit <http://www.hsph.harvard.edu/hcphp/mrc-toolkit/>.

The Federal Emergency Management Agency (FEMA) has released two reports based on surveys that were distributed nationwide to determine the public's perceptions and behaviors regarding community safety and preparedness. Read *Personal Preparedness in America: Findings from the Citizen Corps National Survey* and the *Citizen Corps Urban Area Survey* at: http://www.citizencorps.gov/news/press/2009/personal-preparedness-research_jun09.shtm. ★

MRC Spotlights

Volunteer Spotlight

Amy Cornell-Titcomb joined the Utah County MRC unit 2 years ago as an intern and is now the unit coordinator. Cornell-Titcomb teaches triage and decontamination for the unit and continues to further her public health preparedness knowledge. She has earned three Chemical, Ordnance, Biological, and Radiological (COBRA) pins for completing hands-on training in the hot zone at the Center for Domestic Preparedness; completed Weapons of Mass Destruction training; and has presented at the Utah Health Occupations Students of America convention.

In her spare time, she enjoys outdoor activities with her family and is working on finishing her master's degree in public health.

Unit Spotlight

The Burlington County (NJ) MRC unit was founded in July 2005 and consists of 520 volunteers in the medical, community health, and public health fields. The primary focus of the unit is the mass distribution of medication, emergency preparedness training from an all-hazards perspective, and emergency preparedness training.

The unit provided outstanding assistance with contact investigations and surveillance during the initial H1N1 outbreak and logged more than 200 hours of volunteer work from April–July 2009. In addition, the Burlington County MRC unit has been very involved with assisting the homeless community by providing health screenings to homeless shelters and health fairs, as well as providing food and clothing. ★

The OCVMRC and MRC-TRAIN

In 2006, MRC-TRAIN was made available to MRC members because “The OCVMRC values the importance of training. After receiving feedback from the MRC network that units were looking for additional training resources, the OCVMRC looked to TRAIN as a valuable training resource that could be used to strengthen the MRC program,” says National MRC-TRAIN Administrator, LT Sam Schaffzin.

According to LT Schaffzin, the benefits of MRC-TRAIN lie in the foundation that it is “part of a larger learning network of states and affiliates.” MRC-TRAIN includes “a wealth of public health, preparedness, and other trainings” and “MRC leaders and volunteers [can] collaborate with other TRAIN states and affiliates and use their state- and affiliate-specific training resources.”

LT Schaffzin says, “MRC-TRAIN is an optional learning management resource that all MRC leaders and volunteers have access to—free of charge! The OCVMRC hopes that MRC leaders use MRC-TRAIN as a primary or supplementary mechanism to administer their local MRC unit's training program.”

The MRC-TRAIN Support Desk (mrctsupport@train.org or 202-218-4426), the MRC Web site (<http://www.medicalreservecorps.gov/TRAINResources>), and MRC-TRAIN (<https://www.mrc.train.org>) provide MRC leaders with a comprehensive set of MRC training resources. Remember, MRC-TRAIN is **FREE**, available 24/7, and on track! ★

MRC Units Partner with UMass Amherst for Emergency Drill

In what one evaluator called “the most advanced exercise I've seen in the country,” more than 300 public health and safety professionals, volunteers, and community partners came together in April 2009 for a mass casualty emergency drill at the University of Massachusetts (UMass) Amherst. Approximately 230 of the participants were nursing undergraduates who also serve as MRC volunteers for the MRC campus unit.

The drill, which simulated an accidental ammonia discharge from the campus's central heating plant, involved the participation of volunteers in decontamination, triage, psychological first aid (PFA), and mass care, including sheltering. Volunteers included the UMass Amherst Medical Reserve Corps (MRC), Hampshire County (MA) MRC, and regional MRC volunteers. Campus

participants included medical and mental health staff, nursing students, emergency management, and others; community partners included the local fire department and the American Red Cross, among others.

One of the greatest successes of the exercise was the video documentation of the drill that is now used as a PFA video to train MRC volunteers throughout the region.

A “just-in-time” training model provided volunteers the necessary skills to work with emergency professionals in assisting about 165 victims. Trained evaluators observed the drill, and their observations will be incorporated into the school's ongoing preparedness planning. The emergency drill was funded through an \$11,500 competitive grant from the Western Massachusetts Regional Homeland Security Advisory Council. ★



First responders managed the non-ambulatory decontamination of “victim” volunteers during the exercise.

Unit Focus – Boyle County MRC Unit Shares MOU with Local Fire Department

The Boyle County (KY) MRC unit shares a memorandum of understanding (MOU) with the Danville Fire Department. The MRC unit provides “rehab” to their local firefighters for incidents that create usual stress for the fire department, such as HazMat incidents or large-scale fires. Rehab consists of the MRC unit providing high energy bars, cool drinks, a cooling station, and taking firefighters’ vitals at regular intervals. This MOU is important because it keeps the firefighters safe and well rested. Appropriate rehab also identifies firefighters who are at a greater risk for heart attacks and other health problems on the scene, so quick intervention is available.

The MOU between the MRC unit and the fire department is mutually beneficial—during an ice storm in the winter of 2009, the firefighters helped fill gaps in 24/7 medical coverage for four special needs shelters and assisted with the logistics of housing 348 people. The firefighters transported medically fragile patients to the shelter, as the EMS was very busy. In addition, the firefighters opened their staff rehab area for MRC members during the week of the ice storm.

The MRC unit and fire department also coordinate training with one another. The MRC unit has coordinated a methicillin resistant staphylococcus aureus (MRSA) training with the fire department through a local hospital. The deputy chief of the fire department also has taught ICS 300 and 400 to the MRC and other emergency responders. ★



An MRC volunteer wore firefighter gear during rehab training to demonstrate how firefighters become overheated.

Unit Focus – AmeriCorps VISTA Partnership Boosts Recruitment of MRC Units

In Washington State, MRC units are fortunate to have a partnership with AmeriCorps VISTA members, who help to increase the recruitment and retention of the MRC. The Washington State MRC-AmeriCorps partnership was established in 2008 and consists of about 10 AmeriCorps VISTA members who join the MRC (WA) units a few times a year for training and response activities. The partnership was created to support the continued development of local public health-based MRC units.

The AmeriCorps VISTA members assist their MRC unit coordinators with recruitment, MRC volunteer databases, the setup of health screening clinics, the coordination of regional training activities for tribal-based participants, newsletters, and much more.

Annie Merritt, Thurston County MRC coordinator says, “During a flood response in early 2009, Jennifer Burns (AmeriCorps VISTA volunteer) helped the Thurston County MRC organize deployment and performed well-checks in the affected communities with a health officer... The AmeriCorps-MRC partnership is so valuable. We have been able to multiply our volunteer numbers, create partnerships, and become more visible in the community.” ★

Utah MRC Units Help Staff a Shelter During a Tragic Event

In July, a landslide and irrigation canal breach destroyed one home and seriously damaged dozens more in Logan, Utah. Three people were killed by the tragic event, and several individuals and families were displaced from their homes.

In response to this event, local MRC units were asked to provide nurses to help staff an American Red Cross shelter. Enough nurses were recruited to staff the shelter for 44 hours. The shelter was staffed by four nurses from the Cache County MRC, one nurse from the Box Elder County MRC, and three nurses from the Bear River Health Department. The nurses treated various ailments and injuries ranging from a pinched finger to an allergic reaction to a wool blanket.

All of the nurses reported that they had pleasurable experiences and that they would likely volunteer again. The MRC recruited three new nurses during this event.

This was the first application in Utah of a new agreement signed at the Federal level between the MRC and American Red Cross. ★

MRC Units Participate in Operation Lone Star: The Largest Humanitarian Effort in the United States

For 2 weeks during the summer, a group of MRC units participated in the largest humanitarian effort of its kind in the United States: Operation Lone Star. For the past decade in Texas, Operation Lone Star has operated under the Texas Department of State Health Services as a mission to train a force that combines civilian and military assets in a real-life exercise to prepare the State of Texas for a potential disaster and address health disparities in the area. Each year, these forces collaborate and provide free healthcare to citizens living along the border of Texas and Mexico, specifically in the Lower Rio Grande Valley.

During this 2-week event, participants included the Texas State Guard, Army and Air National Guard, county health departments, and others. Joining this elite group were hundreds of MRC volunteers from the Texas State Guard Medical Brigade (TMB) MRC, Starr County (TX) MRC, Cameron County (TX) MRC, and the Weslaco (TX) MRC. In addition, Col. Charles Bauer of the TMB helped to recruit the Southern New Mexico MRC and the University of New Mexico–Center for Disaster Medicine MRC unit.

More than 12,000 individuals living along the border received care such as vaccinations, hearing tests, X-rays, and more. Most of the patients were older adults and children, who need physicals for school. MRC volunteers worked out of local schools and were tasked with triage, patient registration, medical screening and care, providing health education, and many other duties to support this large-scale operation.

Nancy Keene, unit coordinator of the Starr County MRC says, “One of the greatest successes of Operation Lone Star is that we have learned how to work with the community and military together in preparation for emergency preparedness.”

Operation Lone Star is a valuable exercise that teaches participating organizations how to work together effectively using a unified command structure, while working toward reducing health disparities in the region.

As a result of this successful event, New Mexico MRC volunteers hope to replicate this operation in their state on a smaller scale to assist with meeting the needs of their citizens and neighbors. ★

★ ★ ★ A Look Ahead ★ ★ ★

September

National Cholesterol Education Month

6–12 National Suicide Prevention Week

21–27 America on the Move Week

October

National Breast Cancer Awareness Month

10 World Mental Health Day

November

Lung Cancer Awareness Month

21 National Survivors of Suicide Day



Texas State Guard Medical Brigade MRC volunteers were briefed along with the Army and Air National Guard.

We Want to Hear from You!

We need your help to make this newsletter informative, interesting, and beneficial to MRC units nationwide. Share news, ideas, interesting stories, and best practices, or tell us about outstanding volunteers.

Submittal Guidelines:

- Please include contact information (e-mail and telephone number) for followup.
- If you include photos, please send as a **high-resolution** JPEG, TIF, or EPS attachment.
- Digital cameras should be set for a high-quality image using the maximum megapixel setting available.
- Photo submissions also should include a caption or description of the event.

E-mail us at: MRCnewsletter@naccho.org



www.medicalreservecorps.gov

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- ★ A Look Ahead

And More...



★★

October is



National
Breast
Cancer
Awareness
Month

Promote awareness of the importance of mammography for the early detection of breast cancer. For more information on how your MRC can get involved, please visit:

<http://www.nbcam.org>

